

## Lessons Learned in HIV/AIDS

Since 1986, the U.S. Agency for International Development (USAID) has been the global leader in the response to the HIV/AIDS epidemic. Through its support for multilateral efforts and its regional and bilateral programs in more than 40 countries, the Agency has focused on reducing further spread of HIV and mitigating the epidemic's impact on sustainable development. USAID has committed more than \$700 million to HIV/AIDS programs to establish effective partnerships with international organizations, donors, national governments, and nongovernmental organizations (NGOs), to develop innovative approaches to HIV/AIDS prevention, and to build community capacity to slow the spread of the epidemic.

### Technical Lessons Learned in HIV/AIDS Prevention

USAID HIV/AIDS prevention projects use proven strategies to reduce sexual risk behavior. Project design begins with a strategic assessment to gain a thorough understanding of the target audience, and the factors that influence sexual behavior. Program planners use this information to develop comprehensive programs, with available resources. Major preventions and interventions used by USAID to date include: behavior change communication, condom social marketing, improvement of STD services, intervention support, policy dialogue promotion, evaluation, building local capacity, and involvement of women. Over the years, USAID has refined and improved these approaches by designing and field testing pilot interventions and incorporating improvements into ongoing programs. Many of the most important technical lessons learned from this field experience are:

#### ----- Behavioral Change Communication -----

Behavioral research has taught us that knowledge of the basic facts about AIDS is not sufficient to change behavior. To adopt safer sexual practices, people need to understand and recognize their individual risk and vulnerability and learn the skills to practice safer sex, such as negotiation and condom use.

#### Technical Lessons Learned:

- [Image]Mass media can quickly raise awareness, change attitudes, and promote behavior change. These campaigns can be more effective when coordinated with supporting, interpersonal communication interventions.
- [Image]People want to learn more about AIDS from mass media than policy makers are willing to permit. Program planners should document for policy makers that audiences are tolerant of public campaigns which disseminate sensitive information.
- [Image]Person-to-person communication programs require target community involvement in planning and implementation, leading to community "ownership," and are most effective when implemented through peer educators.

#### ----- Condom Social Marketing

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Condom social marketing has proven to be an efficient, cost-effective program to increase condom availability to specific target populations as well as the general population. As a result, condom sales for HIV/AIDS prevention have increased dramatically in many counties.

#### Technical Lessons Learned:

- [Image]The application of social marketing to distribute condoms for STD/HIV prevention has been extremely successful.
- [Image]Social marketing to some socially "marginalized" groups is more costly than marketing to the general population.
- [Image]Social marketing is more effective when societal norms and values support (i.e., destigmatize) condom use.
- [Image]Social marketing is principally targeted to men but special marketing strategies can remove barriers to condom purchase by women.
- [Image]Reductions in tariffs for condoms can reduce retail prices and stimulate demand in both the commercial and social marketing sectors.
- [Image]The critical factor limiting the continued expansion of condom social marketing programs is the lack of an adequate condom supply.

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#### Improving STD Services

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Improving STD control is one of the most effective strategies for limiting the spread of HIV/AIDS. Yet throughout the developing world, most people with STDs do not receive appropriate diagnosis and treatment.

#### Technical Lessons Learned:

- [Image]Syndromic Management is a highly sensitive, specific, and cost-effective approach to the diagnosis and treatment of symptomatic men and women.
- [Image]STD/HIV prevention and control services can be effectively integrated into family planning delivery systems, thus dramatically expanding access to large numbers of women.
- [Image]There is a great need for effective, acceptable female controlled "barrier" methods to protect women against STDs and HIV.
- [Image]A critical factor limiting the expansion of effective STD control programs is the lack of adequate supplies of appropriate STD drugs.
- [Image]A promising intervention, presently being field tested in Nepal, is the social marketing of STD treatment kits for symptomatic men.

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#### Promoting Policy Dialogue

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Throughout the world progress in slowing the HIV/AIDS epidemic is threatened by social, cultural, economic, and regulatory barriers to prevention. USAID supports policy dialogue and reform at all levels to create a more favorable environment for prevention efforts.

#### Technical Lessons Learned:

[Image]Policy makers can be educated to the serious impact of HIV/AIDS by presentation models which demonstrate the socioeconomic as well as the epidemiological impacts of the disease.

[Image]Under certain circumstances, policy reform can significantly change community behavior, such as the 100% condom policy for all brothels established in Thailand.

[Image]The private sector will establish Workplace Policy and Prevention Programs if: (1) prevention is demonstrated to be cost effective when compared to worker attrition, (2) case studies prove successful in other national industries, and (3) the national leadership actively promotes the program.

#### ----- Evaluation -----

Monitoring and evaluation are critical to ensuring that program resources are used effectively and that they achieve results. Since the direct measurement of behavior change and its impact on HIV/AIDS transmission is resource intensive, USAID has developed methodologies which use intermediate indicators to assess program progress.

#### Technical Lessons Learned:

[Image]The integration of qualitative, quantitative, and process data into the evaluation of specific interventions has proven effective. One example, the Behavioral Surveillance Survey (BSS) can monitor the effects of prevention programming at the regional level. The combination of the BSS with a simple sentinel surveillance system at the same site could cost effectively monitor both behavior change and HIV/STD incidence.

[Image]Proven interventions should be monitored to assure that they achieve expected targets but do not necessarily need to be formally evaluated.

[Image]Many countries do not have simple, low-cost STD/HIV sentinel surveillance systems which are critical to planning and managing country level prevention programs.

#### ----- Building Local Capacity -----

Over the past decade, non-government organizations (NGOs) have demonstrated that they are in the best position to mobilize communities for HIV/AIDS prevention and care. In addition to providing financial support, USAID has built on NGOs' strengths by improving their ability to design, implement, and evaluate HIV/AIDS programs.

#### Technical Lessons Learned:

[Image] Sustained, long-term capacity building (i.e., organizational assessment and development) requires significant resources and specialized technical assistance.

[Image] The availability of a rapid-response, small-grant mechanism to

assist community based organizations (CBOs) is important to maintain program flexibility, respond to community needs, and, in many cases, field-test a community based pilot intervention.

[Image] The NGO "cluster approach" to capacity building is cost effective. Under this model, several NGOs are trained together, immediately apply the learned skills, and then receive timely feedback and follow-up.

[Image] An emphasis should be placed on the installation of an improved system which can be operated by several NGO staff rather than the provision of specialized training to one individual who may eventually leave the organization.

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#### Involving Women

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As HIV prevalence continues to rise faster among women than men, it is increasingly clear that traditional prevention messages and methods do not offer adequate protection for many women. In response USAID is supporting research to identify factors which influence women's vulnerability to HIV and opportunities for reducing women's risk of infection.

#### Technical Lessons Learned:

[Image] Because of differences in their gender roles and societal expectations, men and women should always be considered as separate target groups in the design and implementation of both research studies and HIV prevention interventions.

[Image] Programs should provide women with basic education about their bodies and human sexuality, as well as specific information about HIV/STDs.

[Image] It is important to provide women with opportunities for individual counseling and group interaction (peer support) to share personal experiences and model new behaviors.

[Image] Established women's groups can be mobilized to encourage women to adopt and sustain HIV/AIDS prevention behaviors.

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#### A Participatory Approach to Designing a Strategy for HIV/AIDS

Pursuant to Vice-President Gore's "Reinventing Government" initiative, the United States Agency for International Development (USAID) is reinventing the way it conducts business. Four complimentary core values, based on more than thirty years of development experience, are guiding the Agency's reinvention/reengineering initiative:

1. A Customer Focus
2. Participation and Teamwork
3. Empowerment and Accountability
4. Management for Results

The design of USAID's global HIV/AIDS strategy for the period 1997-2005 is grounded in the application of these core values and signals the Agency's long-term commitment to participation as a way of doing business. It also follows the tradition of multisectoral inclusion which is characteristic in HIV/AIDS responses around the world. This participatory process has been

characterized by energy, enthusiasm, increased mutual understanding and respect, and a high degree of co-ownership in the outcome; participation has included:

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Technical Lessons Learned:

- [Image] Wide Representation (all stakeholders in HIV/AIDS, including people living with HIV/ AIDS, non-governmental organizations, traditional and formal health practitioners, researchers, private sector institutions, host governments, and international development agencies).
  - [Image] Clarity of Purpose (common agreement on the objectives of the participatory design process).
  - [Image] Collaboration (customer and partner membership in teams and collaborative design in intensive workshop settings).
  - [Image] Empowerment (using the products of the participation process as cornerstones of the strategic plan).
  - [Image] Feedback (establishing a worldwide web site for ensuring accurate and timely feedback to the world on progress (see below)).
- [Image] The quality of the Agency's HIV/AIDS strategic plan has also benefited from this participation. The strategic plan recognizes the need for a "systems approach" to managing the pandemic: that prevention, care, local ownership, human rights, and individual productivity are mutually reinforcing objectives and cannot be fully achieved independently of each other. HIV/AIDS is a challenge to health, with a clear impact upon overall sustainable development.

The Agency's new strategic plan, therefore, is designed to generate - both directly and through its partners the maximum possible impact within the "system" as a whole.

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## Major Events in the Participation Process

Through the following events, and through survey questionnaires, USAID canvassed and involved hundreds of stakeholders' representatives in the design of its strategic plan.

- \* Third USAID HIV/AIDS Prevention Conference, August 1995
- \* Chiang Mai Town Meeting, September 1995
- \* Beijing Follow-on Meeting, November 1995
- \* Jerusalem Town Meeting, November 1995
- \* Santiago Town Meeting, November 1995
- \* Kampala Town Meeting, December 1995
- \* Washington Town Meeting, March 1996
- \* Donor's Meeting, April 1996
- \* Priority Setting Workshop, May 1996
- \* Design Workshop, June 1996
- \* Vancouver International Conference, July 1996

To further enhance its ability to share information with its customers and partners, the USAID Center for Population, Health and Nutrition has constructed a subpage on the USAID home page (<http://www.info.usaid.gov>) on the World Wide Web. The HIV/AIDS site is accessible under the Population and Health Section of the USAID home page.

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Through the AIDS Technical Support Project (ATSP) the following Cooperating Agencies (CAS) are supported by USAID:

The AIDS Control and Prevention Project (AIDSCAP): AIDSCAP is the principal component of USAID's global HIV/AIDS prevention effort. Implemented by Family Health International (FHI), this five-year project is designed to support the local capacity of developing countries to prevent and control HIV.

International Center for Research on Women (ICRW): Seventeen behavioral, ethnographic, and operations research projects aimed at identifying ways in which women can be effective agents in reducing their risk of HIV infection.

The International HIV/AIDS Alliance: Promotion of community-level leadership and governance in the development of HIV/AIDS prevention and care programs through working with indigenous NGOs and CBOs.

International Planned Parenthood Federation (IPPF): The integration of STD and HIV prevention activities, including condom promotion and STD diagnosis and treatment into ongoing family planning services.

National Council for International Health (NCIH): The participation of PVOs in HIV/AIDS prevention activities. NCIH distributes a newsletter and coordinates semi-annual workshops intended to strengthen the ability of PVOs to assist in the prevention of HIV/AIDS and facilitates networking between these U.S.-based organizations.

National Institute of Allergy and Infectious Diseases (NIAID): Short-term training of developing country scientists in biomedical and clinical aspects of HIV and AIDS, and technical assistance in designing and conducting biomedical research in HIV/AIDS.

The Population Council: Microbicide research, development, and introduction initiative. This initiative involves screening of potential microbicidal compounds and conducting pre-clinical and clinical studies to assess the stability, toxicity, and acceptability of these compounds.

Program for Appropriate Technologies in Health (PATH): Development of rapid, simple STD diagnostic tests.

United Nations Children's Fund (UNICEF): Technical assistance in five key UNICEF strategies for HIV/AIDS prevention: community social mobilization, school-based initiatives, youth health development, rural health programs, and family care and counseling. Completed 1996.

United Nations Development Programme (UNDP): The socioeconomic implications of the epidemic, the promotion of a multisectoral response, and the development of indigenous capacity in social action research. Completed 1996.

United States Bureau of Census (BuCen): Maintenance and dissemination of a database on HIV/AIDS prevalence in developing countries. The data are used to prepare reports on trends and impacts of the epidemic.

United States Centers for Disease Control and Prevention (CDC): Provision of short-term technical assistance in HIV/AIDS prevention. This assistance includes a range of activities such as ensuring safety of blood supplies, improving surveillance systems, HIV testing, and rapid epidemiologic assessments.

United States Peace Corps: The development of HIV/AIDS prevention projects in eight African countries. These programs are implemented by Peace Corps volunteers and their counterparts and focus on education of youth and HIV prevention and counseling.